



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
November 2005

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Intrepid U.S.A, Inc.	Kalispell	Expansion of HHA into Powell County	None reported	4/12/05	5/05	No	9/8/05	8/26/05		11/23/05	Y 10/21/05	No
Western MT Addiction Servs	Missoula	Adolescent community based residential chemical dependency treatment home	\$35,000	11/23/05	12/05							

LEGEND:

ASC-Ambulatory Surgical Center
 CDU-Chemical Dependency Unit
 CO-County
 CR-Comparative Review
 DEC-Decision
 DISMISS-Appeal dismissed
 FAC-Facility
 HHA-Home Health Agency

H-Hospital
 IHS-Indian Health Service
 LOI-Letter of Intent
 LTC-Long-Term Care
 MTH-Month of Notice
 NH-Nursing Home
 NR-Non-Reviewable Project
 N/A-Not Applicable

REC REQ-Reconsideration Hearing of Decision
 REQ-Request
 TBA-To Be Announced
 TBI-Traumatic Brain Injury
 10/10-Ten Bed/Ten Percent Rule (MCA 50-5-301)
 N-Disapproval Y-Approval or Yes
 DATES-Month/Day/Year

* First-year operating cost HHA

Name of facility in **BOLD** indicates a new request for report month